

Retiree Medical Enrollment Eligibility

Frequently Asked Questions

Employees retiring on or after December 1, 2009 are allowed to leave City medical coverage and later re-enroll within 31 days of specific life events, if they maintain continuous coverage in another group (employer) medical plan. The following are frequently asked questions about the new re-enrollment policy.

- My spouse will add me to her group plan when I retire. If I don't like the plan or find that the City plan has better rates, may I drop it and select a City retiree plan?

No, you can only return to City medical coverage if you involuntarily lose your other group (employer) health plan coverage. You cannot return to a City retiree coverage if you don't like your spouse's plan or find that the City plan has better rates.

- I plan to purchase an individual health policy when I retire. Will I be able to come back to the City's retiree medical plan in the future?

No, you will not be eligible to elect the City's plan by ending an individual health policy. Only those who retire on December 1, 2009 or later and lose group (employer) health plan coverage involuntarily are eligible to come back to the City's retiree medical plan.

- I retired from the City and took another job. In addition to paying for my active employee medical coverage, I'm paying for retiree medical coverage to hold open the option of having retiree coverage in the future. Do I have to continue paying for City coverage after the new enrollment rule goes into effect?

If you retired on November 31, 2009, or earlier, you must continue paying for retiree medical coverage to hold open the option of having retiree coverage in the future. If you retired on or after December 1, 2009, maintain medical coverage in another employer's medical plan, and then involuntarily lose medical coverage through your employer, you may enroll in a City retiree plan.

- I left City employment as a vested termed employee a few years ago. Do I qualify for re-enrollment?

No, terminated-vested employees were never eligible for retiree medical coverage and are, therefore, not eligible to re-enroll in a City retiree medical plan either.

- How do I prove continuous coverage on a group medical plan?

To prove continuous coverage on a group medical plan, submit a certificate of coverage (available through your medical plan) or a letter from the employer explaining the

reason for the loss of coverage. Submit documentation within 31-days of losing your group health coverage to:

Seattle City Employees' Retirement System
720 Third Avenue - Suite 1000
Seattle, WA 98104-1829

- My spouse, a former City employee, passed away and I declined survivor benefits. May I now enroll in the City's retiree plan under the new enrollment policy?

No, widow(ers) who declined survivor benefits are not eligible to re-enroll under the new enrollment policy.

- What's covered in the City's retiree medical plans and what are the rates?

The City offers a choice of medical plans to retirees under age 65 and to retirees that are Medicare-eligible, that is, age 65 and over. For a plan comparisons and rates, contact the Retirement Office at 206-386-1293 or go to http://www.seattle.gov/retirement/medical_info.htm

- If I am currently on my spouse's Under 65 Retiree plan with another employer, when I turn 65 can I enroll in one of the City of Seattle's Medicare Advantage plans?

If you retired on December 1, 2009 or later and involuntarily lose group health plan coverage under your spouse's plan, you will be eligible to enroll in one of the City of Seattle's Medicare Advantage plan. If you retired on November 31, 2009 or earlier, you will not be eligible.